

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Marshall Housing Authority

**PHA Number:** MO016

**PHA Fiscal Year Beginning: (mm/yyyy)**04/2001

### PHA Plan Contact Information:

Name: David K. Hayes

Phone: (660) 886-9664

TDD: (660) 886-9664

Email (if available): mha@cdsinet.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

☒ Public Housing and Section 8    ☐ Section 8 Only    ☐ Public Housing Only

## Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="checkbox"/> Other (List below, providing each attachment name)	

### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**There were no changes to policies or programs from last years PHA PLAN.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_383,00.00\_\_\_\_\_

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency  
☐ Yes ☒ No Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

#### B. Significant Amendment or Modification to the Annual Plan:





**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A		
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



**Required Attachment \_D\_: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ **No** Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: N/A

B. How was the resident board member selected: (select one)? N/A

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):N/A

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member:October 25, 2000

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor Mitchel Geisler**

## **Required Attachment \_E\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Because of difficulties in getting tenants to respond to organizing a Resident Advisory Board, the MHA has decided to use the guidelines from PIH Notice 200036, whereas all tenants shall have the opportunity to respond to notices of the housing authority.

The MHA will also continue to try to organize residents into a advisory board.

**Annual Statement/Performance  
and Evaluation Report**

**Part I: Summary**

**Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB approval No. 2577-0157 (Exp. 7/31/98)

HA Name <b>Housing Authority of the City of Marshall</b>				Comp Grant Number	FFY of Grant Approval <b>2001</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number <input type="checkbox"/> Final Performance & Evaluation Report <input type="checkbox"/> Performance & Evaluation Report for Program Year Ending ____					
Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	38,000			
3	1408 Management Improvements	15,000			
4	1410 Administration	15,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	147,037			
10	1460 Dwelling Structures	141,000			
11	1465.1 Dwelling Equipment-Nonexpendable	27,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserves				
16	1492 Moving To Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 19)				
20	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	398,037			
21	Amount of Line 19 related to LBP Activities				
22	Amount of Line 19 related to Section 504 Compliance				
23	Amount of Line 19 related to Security				
24	Amount of Line 19 related to Energy Conservation Measures				
(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement      (2) To be completed for the Performance & Evaluation Report					
Signature of Executive Director and Date <b>X</b>				Signature of Public Housing Director/Office of Native American Programs Administrator and Date <b>X</b>	

**Annual Statement/Performance  
and Evaluation Report**

**Part II: Supporting Pages**

**Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development**

**Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>HA Wide</b>								
<b>Operations</b>	A. Housing Operations	1406	10%	38,000				
<b>Management</b>	B. Cleaning Services	1408	LS	10,000				
	C. Computer Software Upgrade	1408	LS	5,000				
	D. Fees and Cost			15,000				
	<b>Subtotal</b>			<b>68,000</b>				
<b>MO 16-1</b>	A. Replace Water and sanitary lines	1450	LS	100,000				
	B. Repair and replace sidewalks	1450	LS	47,037				
	<b>Subtotal</b>			<b>147,037</b>				
<b>MO 16-2</b>	A. Renovate kitchens	1460	45	105,000				
	<b>Subtotal</b>			<b>105,000</b>				
<b>MO 16-3</b>	A. Install siding.	1460	LS	36,000				
	B. Replace appliances	1465.1	45	27,000				
	<b>Subtotal</b>			<b>63,000</b>				
	<b>Grand Total</b>			<b>383,037</b>				
(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement (2) To be completed for the Performance & Evaluation Report								
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Program Administrator and Date				



**Annual Statement/Performance  
and Evaluation Report  
Part III: Implementation Schedule  
Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
HA Wide Activities							
<b><u>HA-Wide</u></b>	3/31/03			9/30/04			
<b><u>MO 16-1</u></b>	3/31/03			9/30/04			
<b>MO 16-1</b>	3/31/03			9/30/04			
<b>MO 16-1</b>	3/31/03			9/30/04			
<div style="display: flex; justify-content: space-between;"> <span>(1) To be completed for the Performance &amp; Evaluation Report or a Revised Annual Statement</span> <span>(2) To be completed for the Performance &amp; Evaluation Report</span> </div>							
Signature of the Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Five-Year Action Plan****Part I: Summary**

Comprehensive Grant Program (CGP)

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

HA Name <b>Housing Authority of the City of Marshall</b>		Locality (City/County & State) <b>Marshall/Saline/Missouri</b>			<input checked="" type="checkbox"/> Original Revision Number _____
A. Development Number/Name	Work Statement for Year 1 FFY: <u>01</u>	Work Statement for Year 2 FFY <u>02</u>	Work Statement for Year 3 FFY <u>03</u>	Work Statement for Year 4 FFY <u>04</u>	Work Statement for Year 5 FFY <u>05</u>
<b>MO 16-1</b>		110,000	15,000	15,000	25,000
<b>MO 16-2</b>		149,037	224,500	175,037	50,000
<b>MO 16-3</b>		36,000	63,037	120,000	230,000
<b>B. Physical Improvements Subtotal</b>		295,037	302,537	310,037	305,000
<b>C. Management Improvements</b>		15,000	15,000	10,000	10,000
<b>D. HA-Wide Non-dwelling Structures and Equipment</b>		20,000	20,000	20,000	20,037
<b>E. Administration</b>					
<b>F. Other</b>		15,000	7,500	5,000	10,000
<b>G. Operations</b>		38,000	38,000	38,000	38,000
<b>H. Demolition</b>					
<b>I. Replacement Reserves</b>					
<b>J. Mod Used for Development</b>					
<b>K. Total CGP Funds</b>		383,037	383,037	383,037	383,037
<b>L. Total Non-CGP Funds</b>					
<b>M. Grand Total</b>		383,037	383,037	383,037	383,037
Signature of Executive Director & Date: <b>X</b>		Signature of P.H. Director/Office of Native American Program Admin & Date: <b>X</b>			

**Five-Year Action Plan**  
**Part I: Summary (Continuation)**  
Comprehensive Grant Program (CGP)

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

A. Development Number/Name	Work Statement for Year 1 FFY: <u>00</u>	Work Statement for Year 2 FFY <u>01</u>	Work Statement for Year 3 FFY <u>02</u>	Work Statement for Year 4 FFY <u>03</u>	Work Statement for Year 5 FFY <u>04</u>

Five-Year Action Plan

**Part II: Supporting Pages**

**Physical Needs Work Statement(s)**

**Comprehensive Grant Program (CGP)**

**U.S. Department of Housing**

**and Urban Development**

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Work Statement for Year 1 FFY: 00	Work Statement for Year <u>2</u> FFY: <u>02</u>			Work Statement for Year <u>3</u> FFY: <u>03</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b><u>MO 16-1</u></b>			<b><u>MO 16-1</u></b>		
	A. Replace DHW heaters	100	30,000	A. Paint Exterior Trim	53	15,000
	B. Replace Appliances	100	80,000			
	<b>Subtotal</b>		<b>110,000</b>	<b>Subtotal</b>		<b>15,000</b>
	<b><u>MO 16-2</u></b>			<b><u>MO 16-2</u></b>		
	A. Renovate Kitchens	35	105,000	A. Paint Exterior Trim	35	8,000
	B. Replace gutters - High St.	10	15,000	B. Replace Appliances	80	50,000
	C. Paint Interior	30	29,037	C. Replace DHW heaters	10	4,000
	<b>Subtotal</b>		<b>149,037</b>	D. Renovate Bathrooms	45	122,500
				E. Replace floor covering	35	40,000
	<b>Subtotal</b>			<b>Subtotal</b>		<b>224,500</b>
	<b><u>MO 16-3</u></b>			<b><u>MO 16-3</u></b>		
	A. Replace Gutters and Downspouts	27	16,200	A. Renovate Kitchens	30	63,037
	B. Repair/Replace sidewalks	LS	19,800	<b>Subtotal</b>		<b>63,037</b>
	<b>Subtotal</b>		<b>36,000</b>			
	<b><u>HA -Wide</u></b>			<b><u>HA -Wide</u></b>		
	<b>Operations</b>	10%	38,000	<b>Operations</b>	10%	38,000
	Management Improvements - Cleaning & Computer		15,000	Management Improvements - Cleaning & Computer		15,000
	HA-Wide Non-Dwelling Equipment - Vehicle	1	20,000	HA-Wide Non-Dwelling Equipment - Vehicle	1	20,000
	Fees & Cost		15,000	Fees & Cost		7,500
	<b>Subtotal</b>		<b>88,000</b>	<b>Subtotal</b>		<b>80,500</b>
	Subtotal of Estimated Cost		383,037	Subtotal of Estimated Cost		383,037

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## Five-Year Action Plan

## Part II: Supporting Pages

## Physical Needs Work Statement(s)

## Comprehensive Grant Program (CGP)

U.S. Department of Housing  
and Urban Development

## Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Work Statement for Year 1 FFY: <u>00</u>	Work Statement for Year <u>4</u> FFY: <u>04</u>			Work Statement for Year <u>5</u> FFY: <u>05</u>		
	Development Number/Name General Description	Quantity	Estimated Cost	Development Number/Name General Description	Quantity	Estimated Cost
	Major Work Categories			Major Work Categories		
	<b><u>MO 16-1</u></b>			<b><u>MO 16-1</u></b>		
	A. Paint Interior of Units	25	15,000	A. Paint Interior	25	15,000
				B. Install new clothesline poles	25	10,000
	<b>Subtotal</b>		<b>15,000</b>	<b>Subtotal</b>		<b>25,000</b>
	<b><u>MO 16-2</u></b>			<b><u>MO 16-2</u></b>		
	A. Renovate Bathrooms	35	116,000	A. Paint Interior	50	50,000
	B. Replace floor covering	11	30,000			
	C. Paint Interior	30	29,037	<b>Subtotal</b>		<b>50,000</b>
	<b>Subtotal</b>		<b>175,037</b>	<b><u>MO 16-3</u></b>		
	<b><u>MO 16-3</u></b>			A. Renovate Bathrooms	30	70,000
	A. Renovate Kitchens	27	60,000	B. Paint Interior	54	75,000
	B. Renovate Bathrooms	27	60,000	C. Replace Floor covering	54	75,000
				D. Install new clothesline poles	27	10,000
	<b>Subtotal</b>		<b>120,000</b>	E.		
				<b>Subtotal</b>		<b>230,000</b>
	<b><u>HA -Wide</u></b>			<b><u>HA -Wide</u></b>		
	<b>Operations</b>	10%	38,000	<b>Operations</b>	10%	38,000
	Management Improvements - Cleaning & Computer		10,000	Management Improvements - Cleaning & Computer		10,000
	HA-Wide Non-Dwelling Equipment - Tractor	1	20,000	HA-Wide Non-Dwelling Equipment - Computers	1	20,037
	Fees & Cost		5,000	Fees & Cost		10,000
	<b>Subtotal</b>		<b>73,000</b>	<b>Subtotal</b>		<b>78,037</b>
	<b>Subtotal of Estimated Cost</b>		<b>383,037</b>	<b>Subtotal of Estimated Cost</b>		<b>383,037</b>

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ref Handbook 7485.3